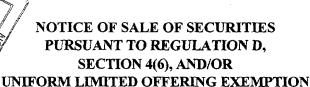
FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D





SE	ISE ONLY
Prefix	Serial
` DAT	RECEIVED

Name of Offering (check	if this is an amendment and name has ch	nanged, and indicate	change.)	286592
Filing Under (Check box Type of Filing: New F	k(es) that apply):	I Rule 505 ⊠ Ru	le 506 🛘 Section	on 4(6) 🗖 ULOE
	A. BASIC IDENTI	FICATION DATA		
1. Enter the information reques	sted about the issuer			
Name of Issuer (□ check if t	his is an amendment and name has chang	ed, and indicate chang	ge.)	
Squam Global Macro Fund.	, LP.			
Address of Executive Offices C/o Squam Capital Partners L	(Number and Street, Ci LC, 100 S. Bedford Road, Suite 110, Mt. F	• • • • • • • • • • • • • • • • • • • •	Telephone Numbe (914) 244-7225	r (Including Area Code)
Address of Principal Business (if different from Executive Of		ity, State, Zip Code)	Telephone Numbe	r (Including Area Code)
Brief Description of Business Hedge Fund				PROCESSED
Type of Business Organization corporation business trust	☐ limited partnership, already formed☐ limited partnership, to be formed	other (p	please specify):	THOMSON FINANCIAL
Actual or Estimated Date of Inc	Month 0 2	Year 0 4	Actual	Estimated
	Organization: (Enter two-letter U.S. Post CN for Canada; FN for ot	tal Service abbreviation	on for State:	FN

GENERAL INSTRUCTIONS

Federa

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	A. BASIC IDENTIFICATION DATA
2. E	Inter the information requested for the following:
	Each promotor of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
•	Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
•	Each general and managing partner of partnership issuers
Chec	k Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Squ :	Name (Last name first, if individual): nm Capital Partners LLC
Busi 100	ness or Residence Address (Number and Street, City, State, Zip Code): S. Bedford Road, Suite 110, Mt. Kisco, NY 10549
Chec	k Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
	Name (Last name first, if individual): an, John
Lym Busi	
Lym Busi c/o S	an, John ness or Residence Address (Number and Street, City, State, Zip Code):
Lym Busi c/o S Chec	an, John ness or Residence Address (Number and Street, City, State, Zip Code): quam Capital Partners LLC100 S. Bedford Road, Suite 110, Mt. Kisco, NY 10549 k Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Lym Busi c/o S Chec Full Litw	an, John ness or Residence Address (Number and Street, City, State, Zip Code): quam Capital Partners LLC100 S. Bedford Road, Suite 110, Mt. Kisco, NY 10549 k Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Name (Last name first, if individual)
Lym Busi c/o S Chec Full Litw Busi c/o S	an, John ness or Residence Address (Number and Street, City, State, Zip Code): quam Capital Partners LLC100 S. Bedford Road, Suite 110, Mt. Kisco, NY 10549 k Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Name (Last name first, if individual) ak, Nathaniel ness or Residence Address (Number and Street, City, State, Zip Code):

Beneficial Owner Executive Officer Director

☐General and/or

Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code):

Business or Residence Address (Number and Street, City, State, Zip Code):

Full Name (Last name first, if individual)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

				В.	INFORM	ATION AB	OUT OFF	ERING				
											Yes	No
1.	Has the is	suer sold, o	or does the	issuer inte	nd to sell,	to non-accre	edited inves	stors in this	offering?			\boxtimes
		·				lix, Column						
2.	What is th	ne minimun	n investme	nt that wil	l be accept	ed from any	individual	?		•••••	\$ <u>1,00</u>	00,000
					_						N.7	3 .7
											Yes	No —
		offering per	•	-	•						\boxtimes	
	commission to states, list or dealer,	on or similar be listed is the name of	ar remuner an associ of the broke et forth the	ration for s ated perso er or deale information	olicitation n or agent r. If more t	who has b of purchase of a broke han five (5) broker or de	rs in conner r or dealer persons to	ection with registered	sales of se with the	curities in SEC and/o	the offering with a s	ng. If a state or
		• 1	. 01	1 10	. 8: 6	1						
Busine	ess or Res	idence Ado	iress (Num	iber and St	ate, Zip Co	ode)						
Name	of Associ	ated Broke	r or Dealer					·	···			
						Solicit Purch						
(Chec	k "All Sta	tes" or chec	ek individu	al States)			••••••	•••••	•••••	•••••	. 🗌 All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full N	lame (Last	name first	, if individ	ual)								
Busine	ess or Res	idence Add	lress (Num	ber and St	reet, City, S	State, Zip C	ode)				.	
Name	of Associ	ated Broke	r or Dealer									
Ctatas	in Which	Doman I ia	tad Has Co	ligited on I	ntanda ta S	olicit Purch						
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[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	(NH) [TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
<u> </u>		name first			[0.1]	(1, 2)	[[]	[]	<u> </u>	11		[]
Daging	an Dag	danaa Add	mana (Nissan	han and Ca	nat City G	State, Zip C						
Dusine	ess of Resi	idelice Add	ress (num	ber and Su	reet, City, S	state, Zip C	oue)					
Name	of Associ	ated Broke	r or Dealer									
 – .									·			
						olicit Purch					[] A 11	State -
(Cneck	k "All Stat	es" or chec	K individu	ai States)						•••••	. 🗌 All	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[LL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.,`	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities		
	offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0.00	\$0.00
	Equity	\$open	\$0.00
	⊠Common □Preferred		
	Convertible Securities (including warrants)	\$0.00	\$0.00
	Partnership Interests	\$0.00	\$0.00
	Other (Specify):	\$0.00	\$0.00
	Total	\$0.00	\$0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar amount
		Investors	of Purchases
	Accredited Investors	none	\$ open
	Non-accredited Investors	none	\$0.00
	Total (for filings under Rule 504 only)		_ \$ <u>.</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505		
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	[2	\$
	Accounting Fees	[2	₹ \$

,	, ,	Sales Commissions (anasify fine	lord food concretely)	•		× \$
•			•			
		Other Expenses (identify)				
	Ţ	otal			•••••	⊠ \$
	(Question 1 and total expenses fu	rnished in response to Part C - Qu	estion 4.a. This		<u>\$</u>
5.	used f estima equal	for each of the purposes shown. ate and check the box to the left the adjusted gross proceeds to the second	If the amount for any purpose is t of the estimate. The total of the	not known, furnish payments listed n	n an nust	
•	400,0	•			Payments to Officers, Directors, & Affiliates	Payments To Others
	Sa	alaries and fees			 \$	
	Pι	urchase of real estate			□\$	s
	Pı	urchase, rental or leasing and ins	tallation of machinery and equipn	nent	□\$	 \$
	C	Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furn estimate and check the box to the left of the estimate. The total of the payments listed equal the adjusted gross proceeds to the issuer set forth in response to Part C - Questic above. Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) Working capital D. FEDERAL SIGNATURE		□\$	\$	
	of iss	fering that may be used in excha- suer pursuant to a merger)	inge for the assets or securities of	another	□\$	□\$·
			D. FEDERAL SIGNATU	IRE		
is Sec	filed u urities	under Rule 505, the following and Exchange Commission,	ng signature constitutes an a upon written request of its s	undertaking by t staff, the infor	he issuer to furr	nish to the U.S.
			Signature W	Dat	e ch ¼ , 2004	
Name	e of Si	gner (Print or Type)	Title of Signer (Print or	Type)		
Squ	am Capi	ital Partners LLC	General Partner			·
ву:	Natha	niel Litwak, Manager				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. 5	STATE	SIGNA	TURE
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 Is any par	rty d	lescr	ribed	in	17	CFR	230.	252 (c),	(d),	(e)	or	(f)	pre	sent	tly
subject to	o any	of,	the	disc	gual	Lific	catio	n pr	ovis	ions	of	such	rul	e?		

Y	e	s
1	_	1

ИО

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

Signature

Squam Global Macro Fund., LP

Name of Signer (Print or Type)

Squam Capital Partners LLC

By: Nathaniel Litwak, Manager

Signature

March 2004

Title of Signer (Print or Type)

General Partner

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1		2	3			4			5
	accredited	o sell to non- l investors in rt B-Item 1)	Type of Security and aggregate offering price offered in state (Part C-Item 1)	Number of	Type amount (P		Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No	Common Stock	Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No No
AL		X							
AK		X							
AZ		X							<u> </u>
AR		X							
CA		X							
СО		X	,						
CT		X							<u> </u>
DE		X			1				
DC		X							
FL		X							
GA	· · · · · · · · · · · · · · · · · · ·	X			1				1
НІ		X							
ID		X							
IL.		X							
IN	 	X							
IA		X							
KS		X							
KY		X							
LA		X							
ME		X						·	
MD		X							
MA		X							
MI		X							
MN		X							
MS		X							
MO		X				-			

1		2 .	3			5 Disqualification under State ULOE			
	accredited	o sell to non- l investors in rt B-Item 1)	Type of Security and aggregate offering price offered in state (Part C-Item 1)		(if yes, attach explanation of waiver granted				
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	(Part	E-Item 1) No
MT		X							
NE		X							
NV		X							
NH		X							
NJ		X							
NM		X						1	
NY		X							
NC		X							
ND	***************************************	X							
ОН		· X							
OK		X							
OR	<u> </u>	X							
PA		X							
RI		X							
SC		X							
SD		X							
TN		X							
TX		X							
UT		X							
VT		X		 					
VA		X							
WA		X							
WV		X							
WI	<u> </u>	X							
WY		X		1					
PR		X		 					